

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

APPLICANT(S)

FILING DATE

10774121

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		2				
5		2				
6		0				
7		0				
8		0				
9		0				
10		0				
11	1					
12		1				
13		1				
14	1					
15		1				
16		2				
17		2				
18		0				
19	1					
20		1				
21	1					
22		0				
23		0				
24		3				
25		2				
26		1				
27	1					
28	1					
29	1					
30	1					
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50						
TOTAL IND.	10					
TOTAL DEP.	29					
TOTAL CLAIMS	39					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						